

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: 1/11/01      2 Serial/Patent # 09/599406

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/>	Filing			\$480
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
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<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
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<input type="checkbox"/>	Other			\$

7 TOTAL AMOUNT OF REFUND

\$480

8 TO BE REFUNDED BY:

☐ Treasury Check

☒ Credit Deposit A/C #:

9 15--04601

10 REASON:

☒ Overpayment

☐ Duplicate Payment

☐ No Fee Due (Explanation):

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: Denise Hyslop

TITLE: Patent Examiner

SIGNATURE: Denise Hyslop

PHONE: 308 9492

OFFICE: OIP

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APPROVED: \_\_\_\_\_

DATE: \_\_\_\_\_

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*